

PEB REFERRAL TRANSMITTAL DOCUMENT

For use of this form, see AR 635-40; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

Authority: 10 USC chapter 61 and 5 USC 301

Principal Purpose: Transmittal of Medical Evaluation Board and allied documents to the Physical Evaluation Board.

Routine Uses: Confirmation of documents submitted. Reference data to contact soldier as required.

Disclosure: Disclosure is voluntary; however, failing to provide information may delay timely processing of case.

1. TO (*Designate applicable PEB and address*)

2. FROM (*MTF and address*)

3. DATE

4. NAME (*Last, first, middle*)

5. RANK

6. SSN

7. SOLDIER'S UNIT ADDRESS

8. DUTY PHONE (*List Autovon*)

9. SOLDIER'S HOME ADDRESS

10. RESIDENTIAL PHONE

11. ENCLOSURES

a.

g.

b.

h.

c.

i.

d.

j.

e.

k.

f.

l.

12. TYPED NAME OF PEBLO

13. SIGNATURE